

Name: Interim Service Plan (Policy Section 501.8.2)

Purpose: To begin services immediately to address any health and safety concerns, an Interim Service Plan may be developed and implemented upon the completion of Member Enrollment. The plan can be in effect up to 21 calendar days from the date of Member Enrollment Confirmation to allow time for assessments to be completed, the Service Plan meeting to be scheduled and the Service Plan to be developed.

Note: *If an Interim Service Plan is developed the PA/HM RN must develop a Plan of Care and initiate services within 3 business days and can only be used for 21 days.*

1. Enter the member's
 - Name
 - Medicaid Number
 - Service Level including the monthly **range** of hours
 - The name and phone number of the Case Manager and PA/Homemaker provider.
2. Document the activity/tasks the member needs assistance with that have been identified on the PAS and member's personal preferences.
3. Document how often they need assistance and if there is a particular day or time that they prefer to bath, shop, visit friends, etc.
4. Note whether an informal support, formal support, or both is needed for each task.
5. Ask the member what other services or resources they need and document the:
 - Service Type or Resource (**example Oxygen**)
 - Document the Provider Name (**Medical Company Hope**)
 - The amount and frequency (**3 liters at night**)
6. Document any current identified risks to the member's health and safety. (**example: member is unable to dial 911**).

7. The member (or legal representative) must sign and date.
8. The Case Manager must sign and date
9. Document the date a copy of the Interim Service Plan was sent to the PA/Homemaker agency.